IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 12, 2003

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Re: IRO Case # M2-03-1597
Texas Worker's Compensation Commission:
has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.
In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to for an independent review has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.
The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.
The determination of the reviewer who reviewed this case, based on the medical records provided, is as follows:
History The patient is a 51-year-old male who had an acute onset of right shoulder pain after trying to lift a heavy tarp on The patient has significantly restricted active abduction and forward elevation of the shoulder. An MRI was normal.

Requested Service(s)
Right shoulder arthroscopy and Mumford Procedure

Decision

I agree with the carrier's decision to deny the requested purchase.

Rationale

Although the patient may have an AC joint meniscal tear and AC joint synovitis, the records provided for this review do not show that distal clavicle excision is warranted yet. A steroid injection into the joint would be appropriate, and if the patient fails to obtain long-term relief from the injection, then surgery would be reasonable.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within 10 (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk P.O. Box 17787 Austin, Texas 78744 Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 22nd day of September 2003.